



Low Income Energy Assistance Program (LIEAP) Application

For Office Use Only

County: _____
Priorities: P1 P2
Approval _____
Benefit Level: _____
Denial _____
Reason: _____

PLEASE READ - IMPORTANT

LIEAP is a federally funded program. It helps households pay a portion of their home energy costs. Eligible households receive a one-time benefit. LIEAP funds may only be used for home energy costs.

To qualify for LIEAP a household must:

1. Not exceed the income limits in the chart appearing here.
2. Be personally responsible for the fuel costs payable either to the landlord, utility company or fuel vendor.
3. Have made recent payments toward their heating or cooling costs. *(Payments may be a combination of payments for natural gas, electricity, propane and firewood. The total of the qualifying payments must be at least \$80.)*
4. Have at least one member of the household be a US Citizen or "qualified alien."

Persons Living at Address	Maximum Gross Monthly Income
1	\$1,180
2	\$1,594
3	\$2,008
4	\$2,422
5	\$2,836
6	\$3,249
7	\$3,663
8	\$4,077
9	\$4,491
10	\$4,905
11	\$5,319
12	\$5,732

The completed application must be received no later than close of business on **the final business day of March**. An application is not complete until it is signed and proof of utility accounts and income for all household members has been received.

Avoid delays in the processing of your application by doing the following:

- Make sure you completely answer all questions,
- Provide copies of all requested documents, and
- Have all adults in the household sign the application.

Mail your completed application to the:

**LIEAP Processing Center
PO Box 175001
Kansas City, KS 66117**

or drop it off at your local DCF office.

Please allow 30-45 days for the processing of your application.

If you have questions or need assistance please call 1-800-432-0043.

Si necesita ayuda para llenar esta forma, comuníquese con su oficina local de DCF y se le proporcionará un intérprete sin ningún costo para usted. Este formulario también se encuentra disponible en español. (If you would like help completing this form, call 1-800-432-0043 or notify your local DCF office and an interpreter will be provided at no cost to you.)

This form is also available in Spanish, Arabic, Farsi, German, Hmong, KAREN, Lao, Russian, Somali, Swahili, and Vietnamese.

Household Information. First, list the person whose name is on the heating utility bill if they reside in your household, otherwise list yourself on line 1 followed by all other persons who are currently residing at this address. Attach an additional sheet as needed.

(Race Codes: A=Asian, B=Black, H=Hispanic, N=Native American, W=White, O=Other)

Name (Last, First, MI)	Social Security Number	Date of Birth	Sex M or F	Race - List all that apply (optional)	Citizen or Legal Resident	Disabled
1)					Yes / No	Yes / No
2)					Yes / No	Yes / No
3)					Yes / No	Yes / No
4)					Yes / No	Yes / No
5)					Yes / No	Yes / No
6)					Yes / No	Yes / No
7)					Yes / No	Yes / No
8)					Yes / No	Yes / No
9)					Yes / No	Yes / No
10)					Yes / No	Yes / No

Address

Street Address Where You Live Now **City** **State** **Zip** **County**

Name and Mailing Address that you prefer your mail to be sent to **only if different from the address listed above:**

Street Address Where You Live Now **City** **State** **Zip** **County**

(Please check the correct box.) Is this your ☐ Guardian ☐ Conservator ☐ SI payee ☐ Other:

2. Did you apply for LIEAP last year? ☐ Yes ☐ No

3. Language preferred, if other than English.

Written: _____ Spoken: _____

Sign Language ☐ Yes ☐ No

4. If you are currently in an emergency situation with your utilities, circle the letter of all that apply. You must enclose proof of the disconnect, otherwise the case will not be considered an emergency.

A Your household is **currently disconnected** from utility service. Please list date of disconnect: _____

B You are out of or have very little propane or wood to operate your primary heating fuel source. Please list estimated percentage on hand %: _____

C Someone in your household is using medical life support equipment (e.g. dialysis machine, oxygen concentrator, intermittent positive pressure breathing machine, infant respiratory failure alarm) operated by electricity.

D Your utilities will actually be disconnected within 48 hours. Please list date of disconnect: _____

5. Does anyone in the household receive food stamp benefits? ☐ Yes ☐ No

6. Complete the information listed below for any person(s) who receives any money from:		Name of Person Income Is For	Monthly Amount	For Office Use Only
WA	Gross Wages, Salaries, Tips, Commissions			
	Hourly rate: _____ Hours per week: _____ How often paid: _____ Name and address of employer: _____			
WA	Gross Wages, Salaries, Tips, Commissions			
	Hourly rate: _____ Hours per week: _____ How often paid: _____ Name and address of employer: _____			
WA	Gross Wages, Salaries, Tips, Commissions			
	Hourly rate: _____ Hours per week: _____ How often paid: _____ Name and address of employer: _____			
		Name of Person Income Is For	Monthly Amount	
SS	Social Security Administration Benefits			
SI	Supplemental Security Income (SSI)			
CS	Child Support/Alimony (provide copy of court order)			
CA	Temporary Assistance to Families (TAF)			
UC	Unemployment Benefits			
SE	Self-Employment/Farm Income (provide copy of complete tax return)			
VA	Veteran's Administration (VA) Benefits (provide copy of claim number)			
RR	Railroad Retirement or Other Pensions			
IR	Interest Income greater than \$50 per month (provide proof)			
OT	Other (please list & provide proof)			

Note: You must provide proof of income. Please enclose pay stubs, employer statements, etc. for all income other than social security, SSI, TAF, GA, or UC.

7. Is anyone on strike?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, name of person: _____
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NOTE: If any household member is 18 or older and does not receive income from any source (wages, child support, VA benefits, Social Security, pensions, interest greater than \$50.00, TAF assistance, unemployment benefits, or gifts from friends or relatives that are used to pay living expenses) provide a the following statement on a blank sheet of paper. "I (name of individual) being an adult and living in the household of (primary household member's name) who is applying for the LIEAP program, do state that at this time I have not received income from any source." This statement must be signed and dated.

8. Fuel Bill. Circle the letter of the statement that describes how you pay your heating fuel bill.

A	The fuel bill is in your name or the name of another household member. Name: _____
B	Your heating cost is included in your rent. Landlord's name and telephone number: _____
C	Your fuel bill is in your landlord's name and you pay either the landlord or the fuel company. Landlord's name and telephone number: _____
D	Your fuel bill is in the name of someone other than an adult household member or your landlord. Name and relationship: _____

9. Dwelling Type. Circle the letter which best describes where you live.

H	One family house, modular home, mobile home	T	Travel trailer, camper, RV
D	Duplex (2 units in building)	G	Group Home
A	Apartment (3 or more units in the building)	N	Nursing Home
O	Other. Please list: _____		

10. Do you live in Subsidized Housing (Section 8, Public or Senior Housing)?☐

Yes

☐

No

If yes, please list name and telephone of landlord and/or unit: _____

11. Fuel Type. Circle the letter which describes the fuel used by the heating system built into your home.

G	Natural Gas from Underground Lines
E	Electricity
O	Other (Propane or bottled gas, kerosene, fuel oil, coal or wood). Please list type: _____ Name and federal tax number of wood vendor: _____

12. Heating System. Circle the letter which best describes the heating system built into your home, even if currently not being used.

G	Central Gas Furnace	F	Floor or Wall Furnace
R	Steam or Hot Water Radiators	V	Vented Freestanding Stove
E	Central Electric Furnace	S	Solar Heating System
W	Wood Stove or Fireplace	H	Baseboard Heaters

Do you use this system? ☐ Yes ☐ No If no, why? _____

Please list alternate system being used: _____

13. Have you made payments on your heating bill in at least 2 of the last 3 months? ☐ Yes ☐ No
(Provide proof of energy utility payments.)

If your utilities are included in the rent, have you paid rent in at least 2 of the last 3 months? ☐ Yes ☐ No
(Provide proof of rent payments.)

If you have a credit on your utility bill, please list the amount of the credit: \$ _____

14. **LIEAP Payment Options.** Circle the letter below which indicates how you would like your **benefit issued**.
Note: You may only make this choice one time for the benefit year. All payments, including any additional payments issued during the summer months, will be made according to this choice. If no selection is made your entire benefit will go to the heating vendor.

A Make all of my energy benefit payable to my heating vendor. **(Enclose a copy of heating bill.)**

B Split my energy benefit (½ to my heating vendor and ½ to my electric vendor). **(Enclose a copy of both bills.)**

C Make all of my energy benefit payable to my electric vendor. **(Enclose a copy of electric bill.)**

15. **VENDOR INFORMATION:**

The “primary heating fuel vendor” is the vendor that provides the fuel primarily used to heat your home. Please provide the vendor’s name and your account number. The “secondary fuel vendor” is the other energy provider that you would like to receive all or ½ of your LIEAP benefit.

Primary heating fuel vendor (Name): _____

Account Number: _____

Secondary fuel vendor to be paid (Name): _____

Account Number: _____

16. Please list the name of any helping agency or organization that helped you complete this application.

The Kansas Weatherization Assistance Program assists low-income households to get home repairs that help lower their energy bills. For more information about weatherization, please call the toll-free Housing Information Line at 1-800-752-4422.

The Kansas Department for Children and Families provides equal opportunity in its services, activities and programs receiving Federal financial assistance regardless of the participants race, color, national origin, sex or disability status.

You're not finished yet!

Read & Sign the back page

YOU MUST SIGN BELOW – READ THE FOLLOWING CAREFULLY BEFORE SIGNING
YOUR APPLICATION CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE!

- ☒ I certify that all information I have provided is complete and accurate.
- ☒ I understand that I must provide proof of income and other information needed to establish eligibility. I understand that my eligibility will be determined under the guidelines of DCF staff.
- ☒ I understand that if I receive assistance as a result of withholding or providing false information, I must repay the cost of that assistance and may face criminal charges
- ☒ I understand that only one person in each household is allowed to receive LIEAP benefits during the year, from only one government agency. I may not receive LIEAP from DCF and United Tribes in the same year.
- ☒ I understand that if my utility is Kansas Gas Service, Westar Energy, or Black Hills Energy my benefit will be sent directly to the vendor.
- ☒ I understand that I need to continue making regular payments to my energy provider and that any LIEAP benefits which may be received do not take the place of my responsibility to pay the vendor.
- ☒ I understand that only one LIEAP benefit will be issued each calendar year, but that benefit may be split between heating and cooling vendors and this election may only be made once a year. Any additional payments that may be issued during the summer months will be issued in the same manner as the original/winter issuance.
- ☒ I understand that I may appeal application processing which exceeds 45 calendar days after I have submitted complete information. I understand that I may appeal any decision and that my request must be made within 30 days of my denial or benefit notice.
- ☒ I authorize DCF, or other designated agent to release application and benefit information to my energy vendors and community helping agencies.
- ☒ I authorize my utility vendor to release my account information, including but not limited to, billing & payment history & energy consumption to DCF its designated agent, & Weatherization agencies.
- ☒ I authorize any investigation to establish my household's eligibility including release of bank, payroll and /or other records from business and other organizations.
- ☒ I understand LIEAP is a federally funded program. Benefits are based on the amount of federal funds received and could be terminated at any time in which funding is unavailable.
- ☒ I understand the completed application must be received in the LIEAP Processing Center by close of business, on the last business day in March.

X

Signature of Adult Household Member

Date

Daytime Telephone

(Person whose name is on the primary heating utility bill, if that person lives at the address.)

X

Signature of Other Adult Household Member or Conservator/Guardian

Date

Daytime Telephone

X

Signature of Other Adult Household Member or Conservator/Guardian

Date

Daytime Telephone